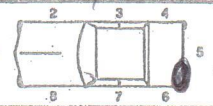
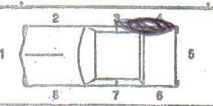


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-9912	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		DATE OF CRASH: 06/10/14	DAY: WED	TIME: 1106	
CRASH OCCURRED ON 722 E. Main St., Lebanon, OH				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION MILES FEET W S E OF				CITY CODE			
LOG-1	LOG-2	LOC	JUR	FH9	FILT		
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Hayes, Nita			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2479 Brocton Ct., Columbus, OH 43219				
PHONE NO. (614) 406-7710		BIRTH DATE 11/01/55	AGE 58	SEX F	SOCIAL SECURITY NO.		STATE OH
OWNER (IF SAME AS DRIVER, WRITE SAME) Strategic Research Group			ADDRESS 995 Goodale Blvd., Columbus OH			PHONE (614) 220-8860	
VEH YR 10	MAKE Toyota	MODEL Camry	COLOR White	STYLE 4S	STATE OH	LICENSE PLATE NO. FFW4697	TOWING SERVICE
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON-CONTACT	INSURANCE CO OR AGENT
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Sells, Elizabeth			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 402 Stone Gate Dr., Lebanon OH 45036				
PHONE NO. (937) 681-6524		BIRTH DATE 05/30/79	AGE 35	SEX F	SOCIAL SECURITY NO.		STATE OH
OWNER (IF SAME AS DRIVER, WRITE SAME) Same			ADDRESS			PHONE	
VEH YR 13	MAKE Honda	MODEL Accord	COLOR White	STYLE 4S	STATE OH	LICENSE PLATE NO. FEN4383	TOWING SERVICE
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION		INJURIES
		ADDRESS	m D Y	SEX	A B C D E F		A B C D E F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION		INJURIES
		ADDRESS	m D Y	SEX	A B C D E F		A B C D E F
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION		INJURIES
		ADDRESS	m D Y	SEX	A B C D E F		A B C D E F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION		INJURIES
		ADDRESS	m D Y	SEX	A B C D E F		A B C D E F
A B C		INJURED TAKEN TO		By		A B C D E F	
D E F		INJURED TAKEN TO		By		A B C D E F	
A B C		INJURED TAKEN TO		By		A B C D E F	
D E F		INJURED TAKEN TO		By		A B C D E F	
A	OFFENSE CHARGED AND DESCRIPTION		RESTRAINTS				
O	OFFENSE CHARGED AND DESCRIPTION		EJECTION				
RECEIVED CALL 1106		DISPATCHED 408	ARRIVED 1115	CLEARED 1123	OTHER TIME	TOTAL MINUTES 17	ALCOHOL
DATE REPORT FILED		PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	DRUGS	
M D Y		YES NO	T. Cooper	125		A B C D E F	
						A B C D E F	